

Report of Survey

April 8, 2005

Vermont State Hospital

Waterbury, VT

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Shelburne, Vermont

SUBJECT: Report of Visit to the Vermont State Hospital

DATE: 8 April 2005

1. Please accept my sincere thanks for the excellent help and cooperation from Terry Rowe, Executive Director, and Anne Jermain, Director of Nursing, both from the Vermont State Hospital, and Michael Kuhn, Building Engineer/Architect, Department of Buildings and General Services, Facilities Division, in assisting with this visit.

2. The findings from the visit are outlined according to the building and in the order of severity. The most severe have been marked with an asterisk. There is an additional findings/comments section regarding other general items that need to be considered. Other observations are included is a paragraph noting several areas on which action has been or is being accomplished by your activity.

3. Findings from Visit:

A. Brooks Building Number 1:

1. Seclusion Rooms: Several diffusers were mounted with slotted screws. They should be mounted with tamper-proof screws to eliminate being removed.***

2. Handicapped Bathrooms: The access panels and mirrors were mounted with slotted screws. They should be mounted with tamper-proof screws to eliminate being removed.

3. Ramp between B1 and B2: Two overhead lights were burned out. The bulbs should be replaced to allow for adequate lighting in traversing the ramp and as a security measure. All means of egress should be adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, landings of stairs, and exit doors.

B. Brooks Building Number 2:

1. Toilet: The flush valves on the toilets and urinal were accessible to the patient population. Consider boxing these in as a means of eliminating any protrusions that could be used as life threatening devices.***

2. Corridor: A chair was located in front of a fire exit thereby reducing the size of the exit. Furnishings, decorations, or other objects should not be placed to obstruct access, egress, or visibility of exits.

3. South Stairwell: One overhead light was burned out. NOTE: See paragraph 2.A.3. Above.

C. Brooks Rehabilitation Building:

1. Client Room and Dayroom: There were long cords on numerous items of electrical equipment, to include a patient bed, lamp, TV set and other such items in the rooms. Long cords should be eliminated on all pieces of electrical equipment thereby reducing the chance of being used as life threatening devices.***

2. Tub Room: There were several tears in one vinyl chair cover in the room. Recommend that all such chairs throughout the hospital be examined to determine if there are any other such tears. The hospital should implement processes to prevent or reduce the risk of nosocomial infections in patients, staff and those who come into the hospital.

3. Linen Closet: Several items were stored on the top shelf of the closet. This interferes with the proper functioning of the sprinkler head in the closet. Nothing should be stored closer than 18 inches from the sprinkler heads.

4. Additional Findings/Comments:

A. Hazardous Materials: The hospital has hazardous wastes which are picked up periodically by a vendor. However, the vendor does not provide the hospital with any manifests or documentation when the wastes are picked up nor when the wastes have been destroyed. Under this system there is no way to easily track and determine if all the materials and wastes have been disposed of properly.

B. Battery Powered Lights: The battery powered light located in the Pharmacy did not work. Battery powered lights should be tested at 30 day intervals for a minimum of 30 seconds and annually for duration of 1.5 hours. Rather than conduct an annual test for 1.5 hours it is permissible to replace the old batteries with new batteries. NOTE: Since the hospital has the two emergency generators that are used as back-up for normal power, the battery lights are not needed. However, it should be determined that all appropriate areas and activities are on the back-up generator system before any battery powered lights are eliminated.

C. Seclusion Rooms: Seclusion room doors swing inward. As noted in the Environment of Care publication provided it notes that these doors should swing outward to protect the staff from injury while placing an individual in seclusion. Consideration should be given to changing these doors to open properly.

D. Dropped Ceiling in Brooks Rehabilitation Building: The ceiling is a dropped ceiling made of acoustic tile. It was noted that there is a staff member in the hallways at all times on this unit. However, recommend that consideration be given to enclosing this ceiling to eliminate access to the pipes above. The possibility exists that an emergency may occur and the hallways be left unattended for a short time thereby allowing access to the pipes above the dropped ceiling. In the interim the hospital needs to make sure that the hallways are under continuous observation.

E. Electrical Panels: It could not be determined if the list inside the door of the electrical panel was current or which circuit breaker controls a given system/item of equipment. The hospital should maintain a current distribution of utility systems and labeling controls for a partial or complete emergency shutdown.

4. Initiatives/Accomplishments by the Hospital:

A. Grab Bars: Grab bars in all bathrooms and toilets are of the type that have a solid piece between the wall and the bar itself and are mounted with tamper-proof screws.

B. Electric Panels: Electric panels are being relocated from the electrical closet in Brooks Building 2 to the attic in the same building to avoid a code issue.

C. Open Exit Stairways: The exit stairways from the smoking areas on Brooks Building 1 and 2 are open to the weather. As a result, snow and ice accumulate on the stairways during the winter making it difficult, if not impossible, to exit should the need arise. All means of egress must be maintained free from the accumulation of snows and ice.

D. Danger of Falling Snow/Ice: Heavy amounts of snow and ice accumulate on the roof of Brooks Rehabilitation Building during the winter. Both the snow and ice fall from the roof into the patient exercise area. This creates a dangerous situation for the patients as snow and ice may fall on them creating serious injury. The hospital has taken the necessary steps to help alleviate this situation. It should be accomplished in the near future.